PRINTED: 06/11/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			E SURVEY IPLETED
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AND THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A S	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 555 WILSON LANE DES PLAINES, IL 60016	1 316	30/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILO BE	(XS) COMPLETION DATE
{B 000}	INITIAL COMMENT	rs	{B 00	0}		
{B 122}	complaint was cond surveyors from 11/2 at the time of the su active patients was non-sample patient review of alternative	1	{B 12	:2}		
e	The written plan mutreatment modalitie	ust include the specific is utilized.				
	Based on record refailed to develop treatment into specific treatment in sample patients (A A9, and A10). Instead interventions that we functions or were patient presenting a problems, interventions interventions interventions or similarly worded identified (individual deficiency results in reflect a comprehe	s not met as evidenced by: eview and interview, the facility eatment plans that delineated erventions to address the needs of 10 of 10 active 1, A2, A3, A4, A5, A6, A7, A8, ad, treatment plans included vere routine, generic discipline atient goals. Despite each with unique psychiatric tion statements were identical with no method of delivery all or group sessions). This in treatment plans that failed to insive, integrated, and oach to interdisciplinary				
	A. Record Review					
	The MTPs for the f	ollowing patients were				
AROBATOR	V DIDECTOR'S OR BROVIE	DER/SUPPLIER REPRESENTATIVE'S SIG	MATHRE	TITLE		(X6) DATE

11/30/2017

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	A 201 2 1 1 1 2	E CONSTRUCTION	COI	R SURVEY
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PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
{B 122}	reviewed (dates of (8/4/17), A2 (8/11). A5 (8/11/17), A6 (8/9/17, A9 (8/8/1) review revealed the intervention states psychiatrist (MD), worker (SW), and 1. MD Intervention worded deficient indentified for paties presenting psychia. Ten active sam A5, A6, A7, A8, An educate precaution effects of medicate possible medication and the intervention recognists of each symptom. Intervention regard to identify specific taught and did not proving the identification of the	of plans in parentheses): A1 (17), A3 (7/31/17), A4 (8/4/17), (7/31/17), A7 (8/1/17), A8 (7), and A10 (8/9/17). This has following deficient ments assigned to the registered nurse (RN), social activity therapist (AT):  Ins: The following identically intervention statements were ents despite their different atric symptoms and problem:  ple patients (A1, A2, A3, A4, 9 and A10) - "Monitor and ons, risks, benefits and side tions during each visit or discussion options."  ple patients (A1, A2, and A3) - ity of impairment in daily  aple patients (A4, A5, A6, A7, - "Assess/adjust medication inch visit based on patient's	{B 122}			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{B 122}	2. SW Interventions worded deficient initidentified for patien presenting psychiat a. Four active samp A8) - "Teach coping effectively managin tolerating distress."  b. Three active samp "Staff will encoura medication every doc. Two active samp "Provide psychoed recognition."  d. Patient A9 and Aidentifying underlying underlying underlying related to being a domodel."  These intervention did not provide a for descriptors of each symptoms. They all they would be deliving sessions.  3. RN Interventions worded deficient in identified for proble "Assaultive/Homici intervention statem"	s: The following identically tervention statements were to despite their different tric symptoms and problems:  ole patients (A1, A2, A3, and g skills to assist the patient in g intense emotion and  on ple patients (A3, A4, and A7) age pt. [patient] to take any at scheduled times."  ole patients (A2 and A3) - acation on symptoms  10 - "Assist the patient in the gather throughts and emotions langer to others through CBT  statements were non-specific, acus of treatment with unique patient's unique problem or so failed to include whether the emotion statements were the sassociated with dal" and "Elopement. These tents were identical despite ue presenting psychiatric	{B 12	22}		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	St. Steer consumer	TIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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(B 122)	A9) - "Assess cue behavioral change hyperactivity." "As preventative actio therapeutic environment and consequence group counseling, mechanism approeffectively with stricted as "Ongoing Interventions related assessing past violated and functional treatment interver group sessions to presenting psychicintervention related mechanism was a statement and fail teaching would obsessions.  4. AT Intervention patients (A1, A2, A10) had the followinterventions despondifferent psychiatropatient in therape forms of expressions frequency was "7.  This intervention is specific therapeut based on his/her	inple patients (A1, A2, A4, and is and warning signals such as eas, escalating anger, sess for the past violent acts so ins can be taken." "Maintain a imment with clear, specific rules is." "Provide individual and/or "Teach patient to use coping opriately to adapt more ess and anger." Frequency was good or "As indicated."  The determinant were all routine nursing ins and did not reflect active intions provided in individual or assist him/her to improve attric symptoms. The determinant to the determinant of the active sample anon-specific and broad led to include whether the cour in individual or group in the second of the active sample A3, A4, A5, A6, A7, A8, A9, and wing identical or similar worded onte each patient presenting with the symptoms: "Engage the utic activities to find alternative on and increase self-fulfillment."	{B 12	22}		

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(EACH DEFICIENCE	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
5. The following a the following defic social workers. The and not based on information. No defice a. Patient A1 - "Te about the important medication."  b. Patient A4 - "The identifying 2-3 trigin being a danger c. Patient A5 - "Prositive reflection cope with grief/lost feelings related to d. Patient A6 - "Sepatient to recognic concerns." "Assist strategies available overwhelmed and e. Patient A7 - "Te patient in affective hopelessness." "Texpress emotions anxious."  f. Patient A8 - "The social workers are approximated and anxious."	ctive sample patients also had cient interventions listed for ney were generic, non-specific, unique clinical assessment elivery method identified.  Cach patient psychoeducation nace of the compliance with the others."  To vide psychoeducation on and using positive memories to so of a loved one and negative trauma."  Cocial worker will work with ze safe ways to communicate the patient in recognizing coping le to utilize when feeling a experiencing racing thoughts."  Cocial coping skills to assist the ely managing feelings of the apist will review ways to see a parent and brothers feeling the parent and brothers feeling the parent and brothers feeling the parent will review ways to get in the parent	{B 122			
access as a supp	ort system."				
	Summary ST (EACH DEFICIENCE REGULATORY OR REGULATORY OR REGULATORY OR Continued From prindividual or group 5. The following at the following deficiency workers. The following deficiency workers are defined to the important medication."  b. Patient A4 - "Tridentifying 2-3 trigin being a danger c. Patient A5 - "Prositive reflection cope with grief/lost feelings related to d. Patient A6 - "Scipatient to recognize concerns." "Assis strategies available overwhelmed and e. Patient A7 - "Tepatient in affective hopelessness." "Texpress emotions anxious."  f. Patient A8 - "The communication was access as a support of the following anxious."	PROVIDER OR SUPPLIER  D BEHAVIORAL HOSPITAL  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4 individual or group sessions.  5. The following active sample patients also had the following deficient interventions listed for social workers. They were generic, non-specific, and not based on unique clinical assessment information. No delivery method identified.  a. Patient A1 - "Teach patient psychoeducation about the importance of the compliance with medication."  b. Patient A4 - "Therapist will assist pt. [patient] in identifying 2-3 triggers and/or stressors resulting in being a danger to others."  c. Patient A5 - "Provide psychoeducation on positive reflection and using positive memories to cope with grief/loss of a loved one and negative feelings related to trauma."  d. Patient A6 - "Social worker will work with patient to recognize safe ways to communicate concerns." "Assist patient in recognizing coping strategies available to utilize when feeling overwhelmed and experiencing racing thoughts."  e. Patient A7 - "Teach coping skills to assist the patient in affectively managing feelings of hopelessness." "Therapist will review ways to express emotions to parent and brothers feeling	TORRECTION  144040  B. WING  PROVIDER OR SUPPLIER  DISCRIPTION  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4 individual or group sessions.  5. The following active sample patients also had the following deficient interventions listed for social workers. They were generic, non-specific, and not based on unique clinical assessment information. No delivery method identified.  a. Patient A1 - "Teach patient psychoeducation about the importance of the compliance with medication."  b. Patient A4 - "Therapist will assist pt. [patient] in identifying 2-3 triggers and/or stressors resulting in being a danger to others."  c. Patient A5 - "Provide psychoeducation on positive reflection and using positive memories to cope with grief/loss of a loved one and negative feelings related to trauma."  d. Patient A6 - "Social worker will work with patient to recognize safe ways to communicate concerns." "Assist patient in recognizing coping strategies available to utilize when feeling overwhelmed and experiencing racing thoughts."  e. Patient A7 - "Teach coping skills to assist the patient in affectively managing feelings of hopelessness." "Therapist will review ways to express emotions to parent and brothers feeling anxious."  f. Patient A8 - "Therapist will review ways to get in communication with staff in group home to access as a support system."	ROVIDER OR SUPPLIER  DEBHAVIORAL HOSPITAL  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4 individual or group sessions.  The following active sample patients also had the following deficient interventions listed for social workers. They were generic, non-specific, and not based on unique clinical assessment information. No delivery method identified.  a. Patient A1 - "Teach patient psychoeducation about the importance of the compliance with medication."  b. Patient A4 - "Therapist will assist pt. [patient] in identifying 2-3 triggers and/or stressors resulting in being a danger to others."  c. Patient A5 - "Provide psychoeducation on positive reflection and using positive memories to cope with grieffloss of a loved one and negative feelings related to trauma."  d. Patient A6 - "Social worker will work with patient to recognize safe ways to communicate concerns." "Assist patient in recognizing coping strategies available to utilize when feeling overwhelmed and experiencing racing thoughts."  e. Patient A7 - "Teach coping skills to assist the patient in affectively managing feelings of hopelessness." "Therapist will review ways to express emotions to parent and brothers feeling anxious."  f. Patient A8 - "Therapist will review ways to get in communication with staff in group home to access as a support system."	TOURISH TOUR SUPPLIER  144040  144040  144040  144040  144040  144040  144040  144040  1540  1540  1540  1540  1540  1540  1555  155

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{B 122}	and tolerating dist h. Patient A10 - "A hopeful things in [ healthy emotional  These intervention did not provide at descriptors of eac symptoms. They they would be del sessions.  6. Patient A4's M7 deficient intervent  RN Interventions: "Elopement," the "Monitor patient for as standing by the treatment plan with attempts to elope "Reinforce unit re necessary."  7. Patient A8 and	ely managing intense emotions ress and grief."  Assist patient in finding positive, his/her] life that contribute to	{B 123			
	the Director of Cli Director of Quality statements on M not dispute the fir	on 8/16/17 at 12:20 p.m. with nical Services/Social Work and provided in the p				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	7000 0000 0000 0000 0000 0000 0000 000	NG				MPLETED
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{B 122}	Continued From p	page 6	{B 12	2}				
	the Clinical Direct interventions inclu	view on 8/16/17 at 3:00 p.m., for acknowledged that MD uded normal MD duties. He nterventions were "not specific to s."						
	Director of Nursin problems of "Assa Acting Out], Elope completed by reg He acknowledged	on 8/16/17 at 2:45 p.m., with the ig, the preprinted form with the aultive/Homicidal, SAO [Sexual ement, and Arson" that was istered nurses was discussed. If that problem statements on the unique descriptors for each						
	interview, the faci plans that delinea interventions to a of 10 of 10 active A4, A5, A6, A7, A treatment plans in that were routine, addition, for each problem, the nurs same. This deficie that failed to refle	review, policy review and lity failed to develop treatment ated active nursing treatment ddress specific treatment needs sample patients (A1, A2, A3, 8, A9, and A10). Instead, included nursing interventions generic discipline functions. In patient with the same identified sing interventions were the ency results in treatment plans ct a comprehensive, integrated dispproach to treatment.						Q
	Findings include:  A. Record Review	v						
	11/21/17) had the	ster Treatment Plan dated following nursing interventions Danger to Self, attempted to						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION  3	cc	TE SURVEY MPLETED
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(B 122)	Continued From p		{B 122	}		70
	jump off the bridge	e":				
		on Suicide Precaution to prevent behavior per physician's order."				8
	ideation, and ask	chavior indicative of suicidal direct questions to determine ns for suicide, and means to				
	These were routing and were not indiv	e, generic discipline functions ridualized.				
	11/20/17) had the for the problem, "[	ster Treatment Plan dated following nursing interventions Danger to others, hearing ent] to stab partner":				
		on assault, homicidal precaution peers/staff from aggressive ician's order."			*	
		its aggressive or threatening patient by verbal de-escalation ues."				18 8- 5a
		nt directly to determine whether pulses to assault others."				
	These were routing and were not indiv	ne, generic discipline functions vidualized.				
	11/18/17) had the	ster Treatment Plan dated following nursing interventions Danger to Self, has a [history] of ':				
		on Suicide Precautions to /suicidal behavior per				

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
{B 122}	ideation, and ask disuicidal intent, plan commit suicide."  c. "Conduct room of sharps/contraband patient rationale."  These were routine and were not individed.  4. Patient A4 (Mast 11/21/17) had the from the problem, "Disconding a." Place patient or self-harm/suicidal to b. "Observe for belideation, and ask disuicidal intent, plan commit suicide."  c. "Conduct room of sharps/contraband patient rationale."  These were routine and were not individed. These were routine and were not individed.	navior indicative of suicidal irect questions to determine is for suicide, and means to shecks for excessive linen and explain to suicide.  Treatment Plan dated collowing nursing interventions anger to Self: daily drinking of to kill self":  In Suicide Precaution to prevent behavior per physician's order."  In avior indicative of suicidal irect questions to determine its for suicide, and means to explain the explain to explain the explain	{B 1:	22}		

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{B 122}	harm to peers/staf physician's order."  b. "If patient exhib behavior, redirect de-escalation."  c. "Question patient patient has any im These were routin and were not indiviate of assault to due to behavior and impute a. "Place patient of harm to peers/staf physician's order."  b. "If patient exhib behavior, redirect from environment, skills."  c. "Question patient patient has any im These are routine and were not indiviate of the patient of the patient has any im These are routine and were not indiviate."	its aggressive or threatening patient by verbal  Int directly to determine whether pulses to assault others."  It is generic discipline functions ridualized.  In assault precaution to prevent following nursing interventions of acute psychosis, erraticulsivity":  In assault precaution to prevent form aggressive behavior per patient by 1:1 talk removed, encourage use of coping  Int directly to determine whether pulses to assault others."  In generic discipline functions ridualized.  In directly to determine whether pulses to assault others."  In generic discipline functions ridualized.  In generic discipline functions ridualized.  In generic Self [with] plan to	{B 12	22)		

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{B 122}	self-harm/suicidal b. "Observe for be ideation, and ask of suicidal intent, plan commit suicide." c. "If patient had in cheeking/palming patient rationale." d. "Conduct room sharps/contraband patient rationale." These are routine, and were not indiv 8. Patient A8 (Mas 11/22/17) had the for the problem, "I [overdose] on med a. "Place patient of prevent self-harm/ physician's order." b. "Observe for be ideation, and ask of suicidal intent, pla commit suicide." c. "If patient had in	n Suicide Precaution to prevent behavior per physician's order." havior indicative of suicidal direct questions to determine his for suicide, and means to have the to overdose, check for medications and explain to checks for dexcessive linen and explain to generic discipline functions idualized.  Ster Treatment Plan dated following nursing interventions canger to Self, with plan to dis":	{B 12:	2}		
	d. "Conduct room	checks for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
NAME OF F	PROVIDER OR SUPPLIES	144040	STREET ADDRESS, CITY, STATE, ZIP CODE			/30/2017	
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{B 122}	patient rationale."  These were routing and were not indivent of the problem, "I lideation] [with] not a. "Place patient of self-harm/suicidal b. "Observe for besideation, and ask suicidal intent, placommit suicide."  c. "If patient had in cheeking/palming patient rationale."  d. "Conduct room sharps/contrabance patient rationale."  These were routing and were not indivent had the for the problem, "I slapped roommate."	e, generic discipline functions idualized.  Ster Treatment Plan dated following nursing interventions Danger to Self, [Suicidal plan, impulsive behavior":  In Suicide Precaution to prevent behavior per physician's order."  Inhavior indicative of suicidal direct questions to determine has for suicide, and means to the suicide, and means to the suicide of suicidal direct questions and explain to the suicide of suicidal direct questions to determine has for suicide, and means to the suicide of suicidal direct questions to determine has for suicide, and means to the suicide of suicidal direct questions and explain to the suicide of suicidal direct questions and explain to the suicidal direct	{B 12	22}			

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{B 122}	behavior, redirect verbalization of co	its aggressive or threatening patient by encouraging ncerns."	{B 12	2}		
	and were not individual and were not individual and were not individual and were not individual and patient.  B. Policy Review  The facility policy reviewed Novembreath Plan go the patient's strenginterventions individual and patient.	titled "Treatment Planning" (last ler 2014) stated, "Master cals will utilize an inventory of gths, and list specific idualized to the patient." The lere to their policy regarding lized treatment interventions for				
{B 124}	agreed that nursing individualized. TREATMENT PLACER(s): 482.61(c) The written plan indocumentation to treatment and rehalf to the standard plane of the standard plane. This STANDARD Based on recording failed to ensure the workers adequate.	nust include adequate justify the diagnosis and the abilitation activities carried out.  is not met as evidenced by: review and interview, the facility hat registered nurses and socialely documented active treatment the Master Treatment Plan and	{B 12	4}		

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18.00	PROVIDER OR SUPPLIER  D BEHAVIORAL HOS	PITAL		555 W	T ADDRESS, CITY, STATE, ZIP CODE ILSON LANE PLAINES, IL 60016	•	
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{B 124}	comprehensive inferior (5) of 10 active A6, and A7). Speci consistently include non-attendance, spatients' behavior or response to interverparticipation, under provided, and specific failure hindered the determining the participation to the determining the participation of the determining the participation of the determining the participation of the did not respond to the master treatment intervent measurable change and revising the tredid not respond to the master treatment include:  A. Record Review  The master treatment patients were reviewed parentheses): A1 (7/31/17), A4 (8/4/A7 (8/1/17), A8 (8/(8/9/17)). This reviet findings regarding interventions to participates (AT).  1. MD Intervention  a. Four patients (deparenthesis) A3 (7 (7/31/17), and A7 (similarly worded Medicate precautions).	ormation about treatment for a sample patients (A1, A3, A4, fically, documentation did not a the patients' attendance or decific topics discussed, the during interventions, and their entions, including the level of retanding of the information offic comments if any. This a treatment team from tient's response to active tions, evaluating if there were es in the patients' condition, eatment plan when the patient treatment interventions.  ent plans for the following ewed (dates of plans in 8/4/17), A2 (8/11/17), A3 (17), A5 (8/11/17), A6 (7/31/17), 9/17, A9 (8/8/17), and A10 ew revealed the following assigned treatment ychiatrists (MD), registered all workers (SW), and activity	{B 12	24}			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER  D BEHAVIORAL HOS			STREET ADDRESS, CITY, STATE, ZIP COD 555 WILSON LANE DES PLAINES, IL 60016		
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{B 124}	"Five X [times] per A review of progre 8/15/17 were review were no treatment provided education these patients. The about the number patients. In addition to show the patient including the level exhibited, and sperinterventions.  2. Social Worker In A review of progre 8/16/17 revealed the notes reflecting the following intervent was no document accontacts or attemplinterventions below documentation to interventions, including the series of the progression of the pr	ess notes from 8/7/17 through ewed and revealed that there notes reflecting that the MD regarding medications for ere was no documentation and duration of contacts with n, there was no documentation t's response to interventions, of participation, behaviors cific comments made during enterventions.  There was no documentation and duration of contacts with n, there was no documentation the response to interventions, of participation, behaviors cific comments made during enterventions.  The service of the service	{B 12	(4)		
	assist the patient i emotion and tolera "Teach coping skil	A3 - "Teach coping skills to n effectively managing intense ating distress." Patient A7 - Is to assist the patient in anaging feelings of				
		ach patient psychoeducation of the compliance with				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED ·
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{B 124}	c. Patient A3 and A [patient] in identify stressors in being  3. Nursing Interver notes from 8/7/17 there were no trea RNs provided the on MTPs. There we number of contact treatment interventions below documentation to sinterventions, inclubehaviors exhibite made during interventions a. Patient A1, A3, and/or group counce of the coping mechanism more effectively will requency was list b. Patient A7 - "Test or stressors relate experiencing urges."	A4 - "Therapists will assist pt. ing 2-3 triggers and/or (sic) a danger to others."  Intions: A review of progress through 8/16/17 revealed that tment notes reflecting that the following interventions assigned as no documentation about the sor attempts to provide active tions identified on MTPS for the w. In addition, there was no show the patient's response to uding the level of participation, d, and specific comments ventions.  and A6 - "Provide individual seling." "Teach patient to use in (sic) appropriately to adapt ith stress and anger."  ted as "Ongoing"  ach patient to identify triggers d to sexually acting out, if s." Frequency was "as needed."		24}		
7.	documentation to determined that the sessions regarding acting out.  4. In addition to lacinterventions ident documentation of "Medication Education and the session of the	umented treatment notes and show that nursing staff e patient needed teaching g triggers related to sexually ck of documentation of nursing tified on MTPs, there was no the nursing group titled, ation" identified on unit as for active sample patients A1,				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION		MPLETED
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{B 124}	RN1, a Medication Tuesday, Thursday from 5:45 - 6:30 p that this group was nurses but was usevidence whether attended this group.  2. In an interview the Director of Quality statements on MI not dispute the find documented evide interventions on MI not.  3. In an interview Director of Nursing no documented einterventions on MI education group of conducted by registered nurses treatment notes at the side of the	on 8/15/17 at 11:10 a.m. with a Education group scheduled on ay, and Saturday scheduled on ay, and Saturday scheduled on.m. was discussed. RN1 stated as being provided by registered hable to locate documented active sample patient A5 had up.  on 8/16/17 at 12:20 p.m. with nical Services/Social Work and y Improvement, intervention TPS were discussed. They did adings that there was no ence that social work MTPs were not being provided or on 8/16/17 at 2:45 p.m., the g acknowledged that there was vidence that nursing MTPs and the medication on unit schedules were being	{B 12·	4)		
	six (6) of 10 active	formation about treatment for e sample patients (A2, A3, A4, . Specifically, documentation did				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  G		TE SURVEY MPLETED
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{B 124}	education interventunderstanding of the specific comments the treatment team response to active evaluating if there the patients' conditudent when the patient treatment interventure Findings include:  A. Record Review  1. Patient A2 (admidocumentation of patients)	clude the patients' response to tions, including the ne information provided and if any. This failure hindered in determining the patients' treatment interventions, were measurable changes intion and revising the treatment ent did not respond to tions.  itted 11/20/17) had no patient response to medication ed on 11/25/17 at 9:30 p.m.				
	2. Patient A3 (adm documentation of peducation complet addition, the Maste 11/18/2017) had thidentified, "Diabete on insulin [sic]." Throtes documenting interventions were a. "RN will educate glucose monitoring administration, and good dental, sfrequency was "web. "RN will educate the circulatory, neu-	itted 11/18/17) had no patient response to medication ed on 11/27/17 at 4:30 p.m. In er Treatment Plan (dated se following medical problem es as evidenced by: [patient] is here were no nursing treatment g that the following nursing done:  e patient on diabetic care re: g, medication regimen and d prevention of injury, infection skin and foot care." The				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8.00	NG		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER  D BEHAVIORAL HOS			STREET ADDRESS, CITY, STATE, ZIP 555 WILSON LANE DES PLAINES, IL 60016	NOTE OF THE PERSON NAMED IN COLUMN 1	700/2011
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{B 124}	c. "RN will educate insulin or oral hypocontrol." The frequency."  d. "RN will educate routine exercise as maintain blood sugwas "weekly."  e. "RN will educate the signs and symhypoglycemia and frequency was "weekly."  3. Patient A4 (adm documentation of education completed and on 11/26/17 at 5. Patient A9 (adm documentation of education completed and on 11/25/17 at 6. Patient A10 (adm documentation of education completed and on 11/26/17 at 11:00 p.m.  B. Policy Review The facility policy to the faci	e patient re: the importance of oglycemic and diet for disease ency was "weekly."  e patient re: the importance of nd stress management to par control." The frequency  e patient on diabetic care re: ptoms and treatment of hyperglycemia." The sekly."  sitted 11/21/17) had no patient response to medication ed on 11/23/17 at 5:00 p.m.  sitted 11/21/17) had no patient response to medication ed on 11/25/17 at 4:45 p.m.  sitted 11/21/17) had no patient response to medication ed on 11/23/17 at 5:00 p.m.		2.4}		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  D BEHAVIORAL HOS	PITAL	2	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WILSON LANE DES PLAINES, IL 60016		
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{B 124}	requirements for particle.  C. Interview  1. On 11/29/17 at 1 don't see them her identify treatment in diabetic teaching in 2. On 11/29/17 at 1 Nursing agreed that should include the	o:05 a.m., RN 1 stated, "I e, specifically," when asked to	{B 12	24}		
{B 148}	participate in interdindividual treatment care and therapy; a evaluate the nursing.  This STANDARD Based on observation interview, the facility oversight to ensure services. Specificate failed to monitor to	demonstrate competence to disciplinary formulation of at plans; to give skilled nursing and to direct, monitor, and ag care furnished.  is not met as evidenced by: attion, record review, and atty failed to provide adequate at the quality of nursing lly, the Director of Nursing:	{B 14	48}		
	interventions to ad- needs of seven (7) (A1, A2, A3, A4, A6 treatment plans incoroutine, generic dis	ment plans delineated nursing dress the specific treatment of 10 active sample patients 6, A7, and A9). Instead, cluded interventions that were scipline functions or were pite each patient presenting				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A CONTRACTOR AND	LE CONSTRUCTION	COMPLETED
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{B 148}	were identical or sof delivery identifications. There on MTPs for three patients (A5, A8, psychiatric proble treatment plans the comprehensive, in nursing approach (Refer to B122)  II. Ensure that read documented active on the Master Treatment on the Master Treatment for patients (A1, A3, there was no documented active on the Master Treatment for to show detailed a about treatment for patients (A1, A3, there was no documented active or of the information comments if any treatment team for response to active evaluating if there the patients' conceptant when the patent that active the patients of the	piage 20 piatric, intervention statements similarly worded with no method ed (individual or group were no nursing interventions et (3) of 10 active sample and A10) to address presenting ms. These deficiencies result in nat failed to reflect a ntegrated, and individualized es to interdisciplinary treatment.  Pistered nurses adequately retreatment interventions listed eathernt Plan and unit schedule and comprehensive information or five (5) of 10 active sample A4, A6, and A7). Specifically, umented evidence of treatment attents' attendance or a active treatment, specific the patients' behavior during I their response to interventions, I of participation, understanding provided, and specific This failure hindered the om determining the patient's extreatment interventions, were measurable changes in lition, and revising the treatment tient did not respond to nations. (Refer to B124)  Postive treatment measures were supported in active treatment groups. It was an inadequate frequency was an inadequate frequency	(B 148)		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A 50	PLE CONSTRUCTION  IG		TE SURVEY MPLETED
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{B 148}	treatment goal att documented evide show attempts by these patients in a identified on MTP measures when present to provide level and intensity being hospitalized interventions for r improvement. (Research of the provided level and intensity being hospitalized interventions for r improvement. (Research of the provided level and interview, the facinensure the quality specifically, the District of the provided level and the provided level and the provided level of the provided leve	to assist with each patient's ainment. Also, there was no ence in the medical record to registered nurse to engage active treatment interventions is or alternative active treatment eatients refused to participate. active treatment at a sufficient or results in affected patients without all active treatment ecovery, thereby delaying their	{B 148	3}		

	MENT OF DEFICIENCIES LAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	CON	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  D BEHAVIORAL HOS	PITAL		STREET ADDRESS, CITY, STATE, ZIP CO 555 WILSON LANE DES PLAINES, IL 60016		30/2317	
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{B 148}	determining the pat nursing intervention measurable change and revising the tre	ge 22  treatment team from tients' response to active as, evaluating if there were es in the patients' condition atment plan when the patient treatment interventions. (Refer	{B 14	48}			
9							